PTO/SERIS (12/04)
Approved for use Outsugh 7/31/2000, Oldes 0831-0032
U.S. Palent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Peperwork Raduction Act of 1995, no persons are required to respond to a collection of information uniters it displays a valid CMIB control number.											
PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875									19673932		
APPLICATION AS FILED - PART I (Column 1) (Column 2)							SMALL	ENTITY	or.	OR SMALL ENTITY	
T			ER FILED		MAMBER EXTRA				1		
BASIC FEE Q7 CFR 1.18(a), (b), or (ch)			EKPILEU	MUSALEA	EREXIKA	l	RATE (3)	FEE (S)	1	RATE (\$)	FEE(\$)
SE	RCH FEE FR 1.1601 (0, or (n					1			i		
EX	AUNATION FEE FR LIGOL (s), or (1					
TOTAL CLAIMS (37 CFR 1.16(i))			minus 20		•		X =		OR.	ix .	•
INDEPENDENT CLAIMS (37 CFR 1.16(h))		MS	minus 3	minus 3 ·		1	x =			x .	
APF FEE	LICATION SIZE CFR 1,16(Q)	sheets of is \$250 (additiona 35 U.S.C	If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).				·				
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1,14(j))											
* If the difference in column 1 is less than zero, enter "O" in column 2.							TOTAL			TOTAL	<u> </u>
APPLICATION AS AMENDED - PART II											
/6 -2 5 (Column 1) (Column 2) (Column 3)							SMALL ENTITY		OR OTHER THAN SMALL ENTITY		
1		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (S)	ADDI- TIONAL FEE (\$)		RATE (S)	ADDI- TIONAL FEE (8)
AMENDMENT	Total (37 CFR 1.34(1)	24	Minus	"24	- 8]	x •		OR.	x .	
욺	tridependent GFR 1,10PG	· 2	Minus	<u> </u>	'X		X =		OR	х =	
₹	Application Size Fee (37 CFR 1.16(s))					1					
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAM (17 CFR 1,14(0))								OR		
1 ab 1/16							TOTAL ADD'L FEE		OR	TOTAL ADO'L FEE	
9/0// (Column 1) (Column 2) (Column 3)											
É		CLAMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (8)	ADOI- TIONAL FEE (8)	7	RATE (\$)	ADOI- TIONAL -SEE (\$)
불	Total G7 CFR 1.HQ2	21	Minus	24	0		x -		OR.	× •	
ENDMEN	Independent G7 OFR 1,160@	1	Minus	- 3	.0	ŀ	x =	7	OR	x /	
₹	Application Size Fee (37/CFR 1.18(s))						·				
تــا	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.180)								OR	./	•
							TOTAL ADD'L FEE	1	OR	TOTAL ADD'L FEE	
* If the entry in column 1 is tess than the entry in column 2, write "0" in column 3. " If the "righted Number Previously Poid For" IN THIS SPACE is less than 2, enter "20". " If the "Tighted Number Previously Poid For" IN THIS SPACE is less than 3, enter "2".											

If the Trighest Number Previously Paid For It THIS SPACE is less than 1, enter "2".

The "Highest Number Previously Paid For (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. There will vary depending upon the includual case. Any comments on the emount of time you require to complete this form another suggestions for roducing this burden, should be sent to the Chief information Officer, U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEMD/FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commission cert for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.